MULTIPLE: **(DENT CLAIM** FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/534413

| AS FIL IND. 1 1 | | CLAIMS 10/534413 | | | | | | | | | |
|--|--|------------------|-----------------|--|-------|-------------------|-------------|--------------|---------|--|--|
| 1 2 3 4 5 5 6 7 5 6 7 5 6 7 7 8 8 9 7 10 11 1 12 13 14 15 16 17 18 19 19 20 21 22 23 24 225 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 50 | LED AFTER | AFTER | | AS F | FILED | AFTER I AMENDMENT | | AFTER | | | |
| 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 | DEP. IND. DE | P. IND. DEP. | | IND. | DEP. | IND. | DEP. | IND. | D | | |
| 3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 | | · | 51 | | | | | | | | |
| 4 | / | | 52 | | | | | | | | |
| 6 | 1'. | | 53 54 | | | | | | ├- | | |
| 7 | | | 55 | | | | | | - | | |
| 8 9 | | | 56 | 1 | | | | | - | | |
| 9 | | | 57 | | | | | | | | |
| 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 66 47 88 89 90 | ' | | 58 | - | | | | | L_ | | |
| 11 | 7 | 1 | 59 60 | | | | | | | | |
| 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 66 47 48 89 90 | | | 61 | | | | | | _ | | |
| 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 66 47 88 89 | | | 62 | | | | | | | | |
| 15 | | | 63 | | | | | | | | |
| 16 | | | 64 | | | | | | | | |
| 17 | | 1 | 65 | | | | | | | | |
| 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 48 48 48 48 48 48 48 48 48 | r ' | 1 | 67 | 1 | | | | | | | |
| 20 | | | 68 | 1 | | | | - | | | |
| 21 | | | 69 | | | | | | | | |
| 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 41 42 43 44 44 45 46 47 48 48 49 40 40 40 40 40 40 40 40 40 40 | | 1 | 70 | | | | | | | | |
| 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 45 46 47 48 9 0 0 0 0 0 0 0 0 0 | | <u> </u> | 71 | | | | | | | | |
| 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 10 11 12 13 14 15 16 17 18 9 0 0 0 0 0 0 0 0 0 | | | 72 73 | | | | | | | | |
| 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 40 40 40 40 40 40 40 | | | 74 | | | | | | | | |
| 27 28 29 30 31 31 32 33 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 9 0 | | | 75 | | | | | | | | |
| 28 29 30 31 32 33 33 34 35 36 37 38 39 40 41 41 42 43 44 44 45 46 47 48 89 90 | | | 76 | | | | | | | | |
| 29 30 31 31 32 33 33 34 35 36 37 38 39 40 41 41 41 41 41 41 41 41 41 41 41 41 41 | | | 77 | | | | | | | | |
| 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 44 45 66 77 88 99 0 | | | 78 79 | | | | | | | | |
| 31 32 33 33 34 35 36 37 38 39 40 41 41 42 43 44 44 45 66 77 88 99 0 | | | 80 | | | | | | | | |
| 33 34 35 36 37 38 39 40 41 42 43 44 44 45 46 47 48 49 40 41 | | | 81 | 172- | | | | | _ | | |
| 34 35 36 37 38 39 40 41 42 43 44 44 45 46 47 48 49 40 | | | 82 | | | | | | | | |
| 35 36 37 38 39 40 41 42 43 44 44 45 46 47 48 49 9 | | | 83 | | | | | | | | |
| 36 37 38 39 40 41 41 42 43 44 44 45 55 66 17 18 9 | | | 84 85 | | | | | | | | |
| 37 38 39 40 41 41 42 43 44 44 45 55 66 17 18 9 9 | | | 86 | - | | | | | | | |
| 39 40 41 41 42 43 44 45 55 66 17 88 9 | | | 87 | | | | | | | | |
| 10 11 12 13 14 15 16 17 18 19 | | | 88 | | | | | | | | |
| 11 | | | 89 | | | | | | | | |
| 12 13 14 15 16 17 8 9 | | | 90 91 | | | | | | | | |
| 13 14 15 16 17 18 19 10 | | | 91 | | | | | | | | |
| 14 15 16 17 18 9 : 0 | | | 93 | | | | | | | | |
| 16 17 18 19 10 10 10 10 10 10 10 | | | . 94 | | | | | | | | |
| 17 18 19 : | | | 95 | | | | | | | | |
| 18 19 : | | | 96 | | | | | | | | |
| 9 . | - - - | | 98 | | | | | | | | |
| 50 | | | 99 | | | | | | | | |
| L Dr.D. | | | 100 | | | | | | | | |
| | ! | 4 | TOTAL IND. | | * | | ₽ _ | | 1 | | |
| L DET 79 🖛 | + | (= | TOTAL DEP. | | | | | | ۹ 30 | | |
| Des 21 | | | TOTAL CLAIMS | | | NT of COMM | | | | | |